

MEDICAL AUTHORIZATION USING INTERQUAL

April 2021



CLASS DESCRIPTION

This class covers the prior authorization (PA) submission for InterQual®-related procedures and provides resolutions to common errors within the InterQual® review. PAs related to behavioral health, dental, durable medical equipment (DME), therapy (OT/PT/ST), pharmacy and waiver are not included.

Note: This webinar will *not* include managed care organization (MCO) changes or Medicaid Expansion. For more information, click on the banner from the [homepage](#).

Recommended Audience: Providers who submit PAs related to surgeries, procedures and high-tech imaging.

DISCLAIMER

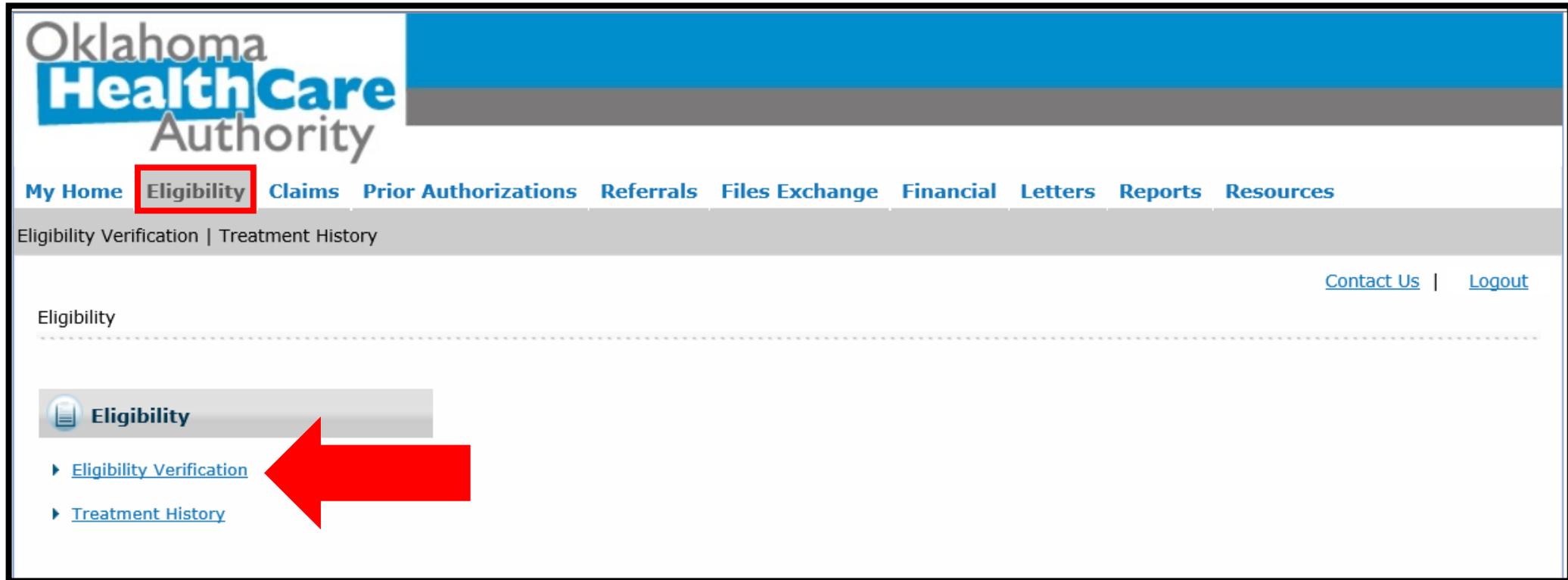
- SoonerCare policy is subject to change.
- The information included in this presentation is current as of April 2021.
- Current information can be found on the OHCA public website: www.Oklahoma.gov/ohca

AGENDA

- Verification
 - Eligibility Verification
 - Treatment History
 - Fee Schedule
- Prior Authorizations
 - PA Submission
 - InterQual[®] Review
- Reminders
- Resources
- Questions

VERIFICATION

ELIGIBILITY VERIFICATION



The screenshot displays the Oklahoma HealthCare Authority website interface. At the top left is the logo for Oklahoma HealthCare Authority. A horizontal navigation bar contains several menu items: My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. The 'Eligibility' menu item is highlighted with a red rectangular box. Below the navigation bar, the page title reads 'Eligibility Verification | Treatment History'. In the top right corner, there are links for 'Contact Us' and 'Logout'. The main content area is titled 'Eligibility' and features a sub-menu with two options: 'Eligibility Verification' and 'Treatment History'. A large red arrow points from the 'Eligibility Verification' link towards the center of the page.

Select Eligibility Verification to verify member eligibility.

ELIGIBILITY VERIFICATION

Eligibility Verification Request ?

* Indicates a required field.
Enter the patient information. If neither Member ID nor Case Number is known, enter SSN and Date of Birth or Name and Date of Birth.

Member ID <input type="text"/>	Case Number <input type="text"/>	SSN <input type="text"/>
Last Name <input type="text"/>	First Name <input type="text"/>	Date of Birth <input type="text"/>
*From Date of Service <input type="text"/>	*To Date of Service <input type="text"/>	

- Enter the SoonerCare Member ID.
- Enter the From Date and To Date of Service.

ELIGIBILITY VERIFICATION

Eligibility 		
Coverage	Effective Date	End Date
Title 19	09/21/2020	09/21/2020
Waiver Advantage	09/21/2020	09/21/2020
Non Emergency Transportation	09/21/2020	09/21/2020
Mental Health and Substance Abuse	09/21/2020	09/21/2020
Visits 		
TPL 		

Eligibility must show Title 19 for active benefits.

TREATMENT HISTORY

The screenshot shows the Oklahoma HealthCare Authority website. The logo is in the top left. A navigation menu is below it with the following items: My Home, Eligibility (highlighted with a red box), Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below the navigation menu is a breadcrumb trail: Eligibility Verification | Treatment History. In the top right corner, there are links for Contact Us and Logout. The main content area has a heading 'Eligibility' followed by a dashed line. Below this is a sub-menu with a grey bar containing a document icon and the word 'Eligibility'. Underneath this bar are two links: 'Eligibility Verification' and 'Treatment History'. A large red arrow points to the 'Treatment History' link.

Select Treatment History under the Eligibility tab.

TREATMENT HISTORY

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID	<input type="text" value="012345678"/>	Last Name	First Name	Birth Date
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Service Information

*Service From Date	<input type="text" value="01/01/2020"/>	To Date	<input type="text" value="09/21/2020"/>	<input type="checkbox"/> Lifetime
*Procedure Code Type	<input type="text" value="CPT/HCPCS"/>	*Procedure Code	<input type="text" value="62323"/>	

- Member ID – Enter the SoonerCare member ID.
- Service From and To Date – Enter the dates of service.
- Procedure Code Type – Select CPT/HCPCS or Revenue.
- Procedure Code – Enter the procedure code.

TREATMENT HISTORY

Member Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID Last Name First Name Birth Date

Service Information

*Service From Date To Date Lifetime

*Procedure Code Type *Procedure Code

Search Results

Total Records: 2

Service Date ▼	Procedure Code	Description	Units
02/28/2018	62323	NJX INTERLAMINAR LMBR/SAC	1
02/28/2018	62323	NJX INTERLAMINAR LMBR/SAC	1

Search Results will reflect the date when services were rendered and how many units were billed.

FEE SCHEDULE

The screenshot shows the Oklahoma HealthCare Authority website. At the top left is the logo with 'Oklahoma HealthCare Authority' text. A navigation bar contains links for 'My Home', 'Eligibility', 'Claims', 'Prior Authorizations', 'Referrals', 'Files Exchange', 'Financial', 'Letters', 'Reports', and 'Resources'. The 'Resources' link is highlighted with a red box. Below the navigation bar is a search bar with the text 'Search Providers | Search Fee Schedule | Search HIPAA Error Codes'. In the top right corner, there are links for 'Contact Us' and 'Logout'. The main content area is titled 'Resources' and contains a sub-menu with three items: 'Search Providers', 'Search Fee Schedule', and 'Search HIPAA Error Codes'. A large red arrow points to the 'Search Fee Schedule' link.

Select Search Fee Schedule under the Resources tab.

FEE SCHEDULE

Search Fee Schedule

Procedure

* Indicates a required field.

Pricing and eligibility listed does not guarantee payment of a claim. Please refer to Provider Rules of coverage by specific provider type.

*Benefit Package

Code Type Procedure Code

*Procedure Code

*Date of Service

*Age

Modifiers

- Procedure Code – Enter the procedure code.
- Date of Service – Enter the date of service.
- Age – Enter the age of the member.
- Modifiers – Used for pricing of procedures.

FEE SCHEDULE

Pricing and Limitations:

Non-Facility Place of Service Allowed Amount: \$225.08

Facility Place of Service Allowed Amount: \$92.45

PA Required

Maximum Units: 1

Age Restriction: 0 - 999

Medical Review is Not Required

Gender: Both

Attachment is Not Required

Not a Lifetime Procedure

Not restricted to any Diagnosis

Billing Provider not restricted to any Specialty

Rendering Provider restricted to certain Specialty

Ambulatory Surgical Facility Fee: \$0.00

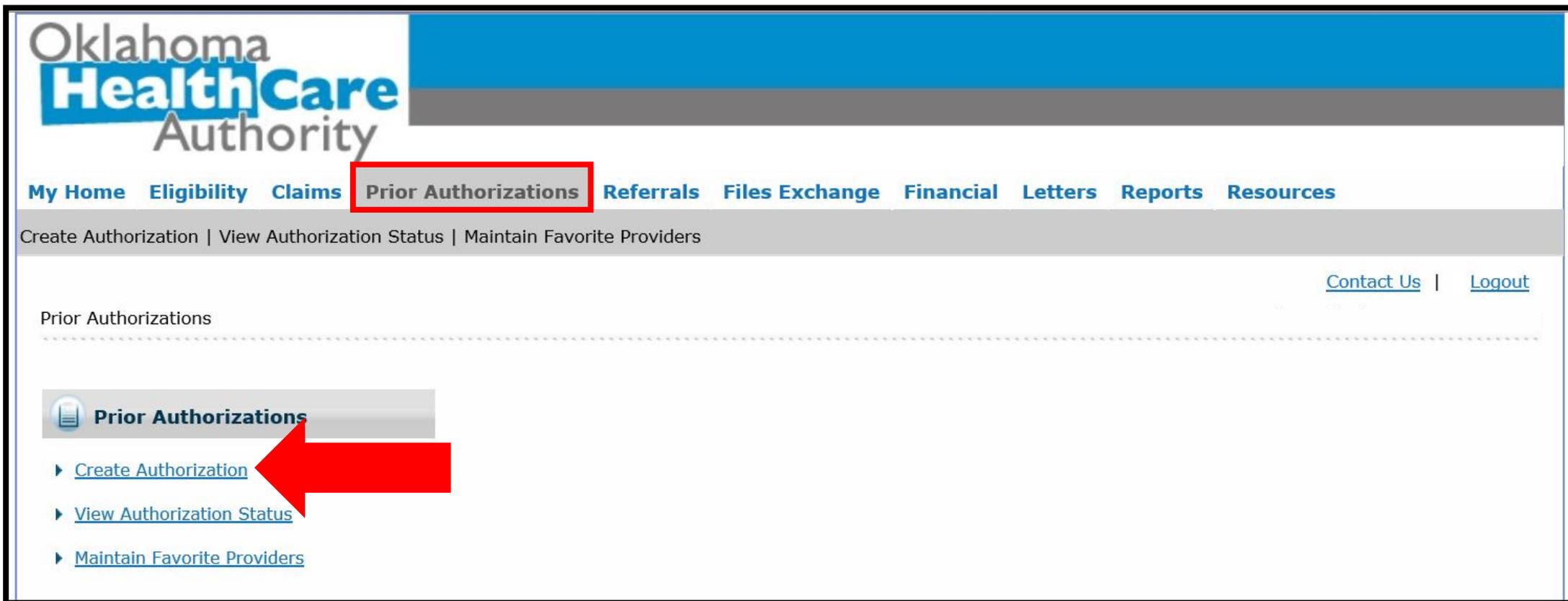
Ambulatory Payment Classification Fee: \$0.00

Discounted: NA

Search Results will show if a PA is required.

PRIOR AUTHORIZATIONS

PA SUBMISSION



The screenshot shows the Oklahoma HealthCare Authority website. The logo is in the top left. A navigation bar contains links: My Home, Eligibility, Claims, Prior Authorizations (highlighted with a red box), Referrals, Files Exchange, Financial, Letters, Reports, and Resources. Below the navigation bar is a sub-navigation bar with links: Create Authorization | View Authorization Status | Maintain Favorite Providers. In the top right corner, there are links for Contact Us and Logout. The main content area is titled 'Prior Authorizations' and contains a sub-menu with three items: 'Prior Authorizations' (with a document icon), 'Create Authorization' (with a right-pointing arrow), 'View Authorization Status' (with a right-pointing arrow), and 'Maintain Favorite Providers' (with a right-pointing arrow). A large red arrow points to the 'Create Authorization' link.

Oklahoma
HealthCare
Authority

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#)

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

[Contact Us](#) | [Logout](#)

Prior Authorizations

 **Prior Authorizations**

- ▶ [Create Authorization](#)
- ▶ [View Authorization Status](#)
- ▶ [Maintain Favorite Providers](#)

Select Create Authorization under the Prior Authorizations tab.

PA SUBMISSION

Requesting Provider Information				
This panel contains provider information.				
Provider ID		ID Type		Name
Zip Code	Contract Code _	Taxonomy		SC Provider Number

Requesting Provider Information – This will automatically populate the provider logged in.

Member Information			
Enter the Member ID. If Member ID is valid, the rest of the member information will populate.			
*Member ID	<input type="text"/>		
Last Name		First Name	Middle
Birth Date			

Member Information – Enter the SoonerCare Member ID.

PA SUBMISSION

Service Provider Information

Service Provider may be required depending on the type of Assignment Contract selected. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populated, either click the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox. Service Provider is required, the servicing provider cannot be a group, clinic or PCN. If a group, clinic or PCN is selected, the submission will be denied. To use a new service provider, enter either a valid NPI or SoonerCare Provider Number. To use an existing Service Provider and have the fields auto-populated, either click the Service Provider same as Requesting Provider checkbox or select a provider previously saved to the favorites list using the Select from Favorites dropdown. To add a new provider to the favorites list, click the Add to Favorites checkbox.

Service Provider same as Requesting Provider

Select from Favorites

Provider ID **ID** **Name** **Add to Favorites**

Zip Code **Contract Code** **Taxonomy** **SC Provider Number**

Service Provider Information is only required for durable medical supplies/equipment/appliances, prosthetics, orthotics, home health, hospice, specialized nursing and vision care services. All other types leave this blank.

PA SUBMISSION

Attachments			
Transmission Method	File	Control #	Action
Click to collapse.			
Transmission Method	EL-Electronic Only		
*Upload File	<input type="text"/>	<input type="button" value="Browse..."/>	
*Description	<input type="text"/>		
<input type="button" value="Add"/>	<input type="button" value="Cancel"/>		

Transmission Method: EL = Electronic Only

- Accepted file types: JPG, PDF, TIF, XPS.
- Up to 10 MB.
- Only the first line item requires attached documents.

PA SUBMISSION

Attachments

Transmission Method	File	Control #	Action
Click to collapse.			
Transmission Method	EL-Electronic Only		
*Upload File	<input type="text"/> Browse...		
*Description	<input type="text"/>		
<input type="button" value="Add"/>			

- Upload File – Select **Browse** to locate the attachments.
- Description – Enter a brief description of the documentation. Click **Add**.

PA SUBMISSION

Attachments				
	Transmission Method	File	Control #	Action
<input type="checkbox"/>	EL-Electronic Only	medicalrecord.pdf (168K)	20200921206708	Remove

Click to collapse.

Transmission Method EL-Electronic Only

***Upload File**

***Description**

- The transmission method, file and control number will reflect if the documentation is successfully attached to the PA line item.
- The system will populate another blank section if additional documents need to be added.

PA SUBMISSION

Diagnosis Information

Click the **Remove** link to remove the entire row.

ICD Version	Diagnosis Code	Action
Click to collapse.		
*ICD Version <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	



Diagnosis Code – Enter the primary diagnosis code without the decimal point, then click **Add**.

PA SUBMISSION

Remarks

Remarks are **Optional**. Click '+' to view, click '-' to collapse the row. Once you enter a remark, it is **required** to click the Add button. Click **Remove** to remove the remark row.

Remarks	Action
<input type="checkbox"/> Click to collapse.	
*Remarks <input type="text"/>	

Remarks (optional) – Enter a contact name and telephone number of the person submitting the PA request. For items listed as miscellaneous, enter the line item and description in the remark field. Select **Add**.

PA SUBMISSION

Service Details					
From Date	To Date	Code	Modifiers	Units	Action
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click Copy to copy or Remove to remove the entire row.					
Click to collapse.					
*From Date	<input type="text"/>	To Date	<input type="text"/>	*Code Type	Procedure Code
	<input type="text"/>		<input type="text"/>	*Code	<input type="text"/>
				Thru	<input type="text"/>

From Date and To Date – Enter the date range.

- Therapy – No retro
- Imaging – MRA, MRI, CT, PET 3-day retro**
- All others – 30-day retro**

**from the initial date of service

PA SUBMISSION

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/> Click to collapse.						
*From Date	<input type="text"/>	To Date	<input type="text"/>	*Code Type	Procedure Code	*Code
						Thru

- Code Type – Select Procedure Code or Revenue.
- Code – Enter the procedure code.
- Thru Code – Currently only allowed for certain medical supplies/equipment/appliances. Do not use thru codes therapy, imaging, surgery or other medical procedures.

PA SUBMISSION

Service Details
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units	Action
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Click to collapse.

*From Date To Date *Code Type Procedure Code *Code
Thru

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers

*Units 0 Dollars Payment Method 1-Pay System Calculated Price

Remarks (optional)

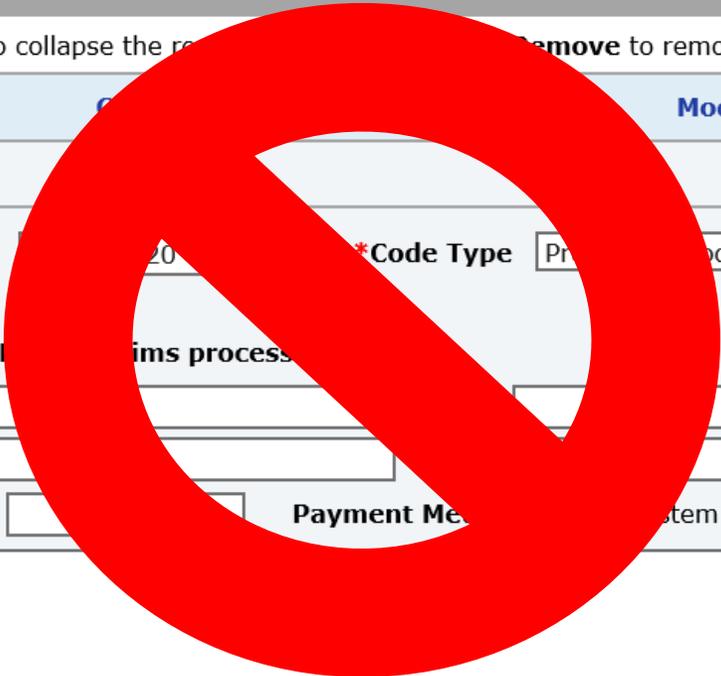
Modifiers – Use appropriate modifiers, if applicable. Up to four modifiers can be entered.

PA SUBMISSION

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click 'remove' to remove the entire row.

From Date	To Date	Code	Modifiers	Units	Action
Click to collapse.					
*From Date	09/21/2020	To Date	09/21/2020	*Code Type	Professional Code
				*Code	73721-MRI JNT OF LWR EXTRE W x
				Thru	
Appropriate modifier(s) must be submitted on claims process					
Modifiers	TC-TECHNICAL COMPONENT				
	26-PROFESSIONAL COMPONENT				
*Units	2	Dollars		Payment Method	System Calculated Price
Remarks (optional)					



Modifiers TC and 26 entered on the same line of the PA will cause claims to deny.

PA SUBMISSION

Service Details -						
Click '+' to view or update the details of a row. Click '-' to collapse the row. Click Copy to copy or Remove to remove the entire row.						
	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/>	09/21/2020	12/21/2020	73721-MRI JNT OF LWR EXTRE W/O DYE	TC	1	Copy Remove
<input type="checkbox"/>	09/21/2020	12/21/2020	73721-MRI JNT OF LWR EXTRE W/O DYE	26	1	Copy Remove

Click to collapse.

If using a TC and 26 modifier, enter two separate PA lines. First line for one unit with the TC modifier, second line for one unit with the 26 modifier.

PA SUBMISSION

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers 

***Units** **Dollars** **Payment Method** 1-Pay System Calculated Price

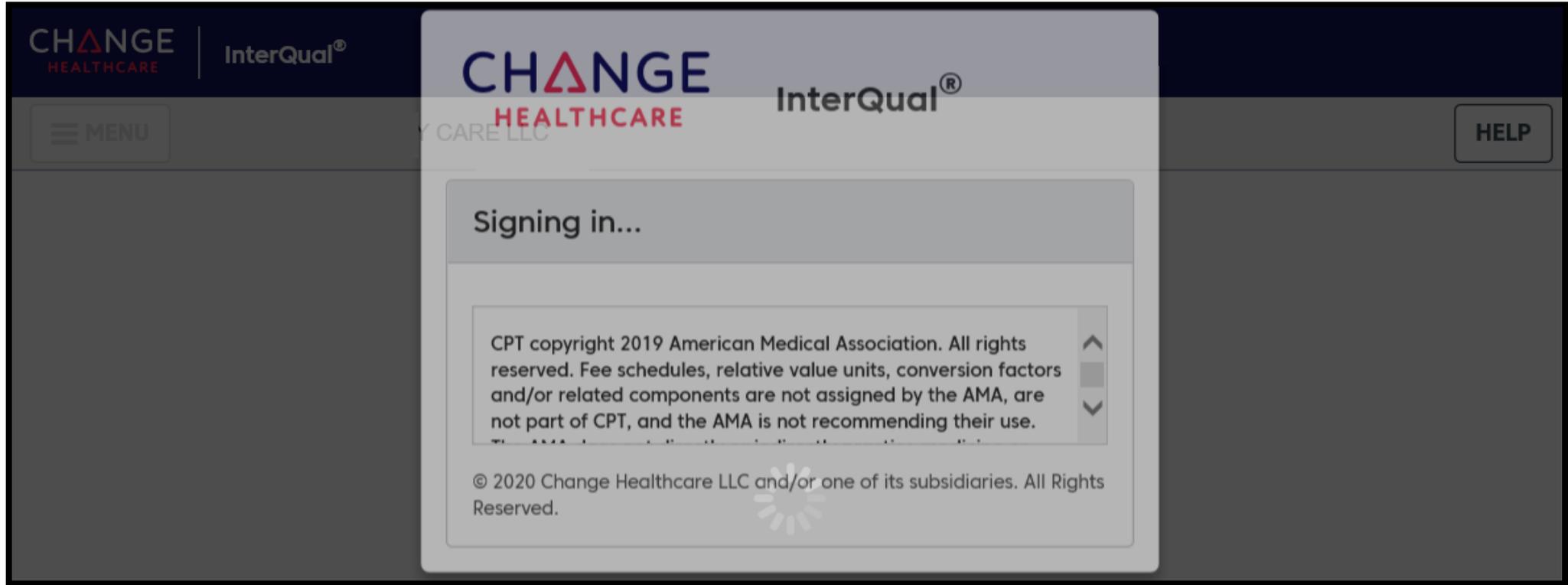
[Add Service](#) 

- **Units** – Enter the number of units.
- Click **Add Service** to save the PA line item.

INTERQUAL[®] REVIEW

- InterQual[®] evidence-based questions and answers are currently implemented in the SoonerCare provider portal PA function.
- OHCA currently has high tech imaging, some surgeries and some procedures impacted by the InterQual[®] medical review guidelines.
- OHCA will continue to add additional services throughout the remainder of the year.

INTERQUAL[®] REVIEW



The page will redirect to the InterQual[®] website if the code entered requires InterQual[®] review.

INTERQUAL® REVIEW

The screenshot displays the 'Select Subset' interface with a modal message box. The message box contains a yellow warning icon and the text: 'Please only select one CPT/HCPCS code on the recommendation screen, if more than one CPT/HCPCS code is required, you will need to enter that CPT/HCPCS code on another line item.' A red arrow points from the message box to the 'OK' button. Below the message box is a table with the following data:

Subset	Code	Description
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2020
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2019.1
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2019
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2018.2
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2018.1
Epidural or Intrathecal Catheter Placement	CP:Procedures	InterQual 2020

Select one code on the recommendation screen. Another line item will need to be entered on the PA if more than one code is required. Click **OK** to continue.

INTERQUAL® REVIEW

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

PRODUCT ▾ VERSION ▾ CATEGORY ▾ CLINICAL...

Enter Keywords 62323 **FIND SUBSETS** CLEAR ALL BOOKMARKS

Results Count: 6

Subset ▲	Product	Version ▾
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2020
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2019.1
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2019
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2018.2
Epidural Injections (Custom) - ENT (Custom) - HCA	CP:Procedures	Client Defined 2018.1
Epidural or Intrathecal Catheter Placement	CP:Procedures	InterQual 2020

Select the appropriate **Subset** from the results list for the related procedure entered.

INTERQUAL® REVIEW

  **Client Defined 2020, CP:Procedures
Epidural Injections (Custom) - ENT (Custom) - HCA** SHOW CODES

I/O Setting: Outpatient

These criteria include the following coverage determinations:

Cahaba Government Benefit Administrators, LLC

Surgery: Injections of the Spinal Canal (L34291)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34291&ver=7&Date=&DocID=L34291&SearchType=Advanced&bc=KAAAABAAIAAAAA%3d%3d&>

Original Effective Date: 10/01/2015
Revision Effective Date: 02/17/2017

Procedures included:

BEGIN MEDICAL REVIEW  **BOOK VIEW**  **FULL SUBSET** **SMARTSHEETS**  **CHANGE SUBSET**

Click the **Smartsheets** tab to download the medical review questions related to the procedure entered.

INTERQUAL[®] REVIEW

SmartSheets  Epidural Injections (Custom) - ENT (Custom) - HCA

[DOWNLOAD PDF](#)

Results Count: 1

Print Sele...	Requested Service ▲	Age	Indication
	Epidural Injections	AGE ≥ 21 ▼	ALL INDICATIONS ▼

Select the Requested Service, Age, and Indication.

INTERQUAL[®] REVIEW

The Smartsheets are designed with step-by-step instructions, based on the answer selected.

Therapeutic epidural injections (continued...)

1. Choose one: ^(14, 15, 16)

- A) Initial therapeutic epidural injections
- B) Subsequent therapeutic epidural injections
- C) None of the above

- If option A selected, then go to question 2
- If option B selected, then go to question 26
- No other options lead to the requested service

2. Pain associated with, Choose one:

- A) Herpes Zoster
- B) Neurogenic claudication
- C) Cervical, Thoracic or Lumbar radicular pain
- D) Back pain without lower extremity symptoms ⁽¹⁷⁾
- E) None of the above

- If option A selected, then go to question 3
- If option B selected, then go to question 4
- If option C selected, then go to question 11
- If option D selected, then go to question 18
- No other options lead to the requested service

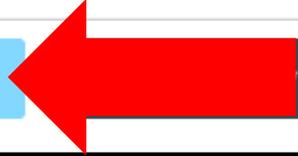
INTERQUAL® REVIEW

C Client Defined 2020, CP:Procedures
Epidural Injections (Custom) - ENT (Custom) - HCA

I/O Setting: Outpatient

These criteria include the following coverage determinations:

Cahaba Government Benefit Administrators, LLC
Surgery: Injections of the Spinal Canal (L34291)
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34291&ver=7&Date=&DocID=L34291&SearchType=Advanced&bc=KAAAABAAIAAAAA%3d%3d&>
Original Effective Date: 10/01/2015
Revision Effective Date: 02/17/2017
Procedures included:

BEGIN MEDICAL REVIEW  **FULL SUBSET** **SMARTSHEETS** **BOOKMARK SUBSET** **CHANGE SUBSET**

Click the **Begin Medical Review** button to answer the medical scenario questions.

INTERQUAL[®] REVIEW

Medical Review C *Epidural Injections (Custom) - ENT (Custom) - HCA* **CHANGE SUBSET** **CLINICAL REFERENCE**

COMMENTS **0**

Choose one: 

Age ≥ 21	
Age ≤ 20	

CRITERIA VIEW

Select the correct age for the member.

INTERQUAL[®] REVIEW

Prior successful injection for same specific condition. Choose one:  

Documented pain relief \geq 50% improvement

Documented functional improvement

Or

Other clinical information (add comment)

No remaining questions. Click View Recommendations to continue.

[← PREVIOUS](#) [SAVE REVIEW](#) [VIEW RECOMMENDATIONS →](#)

Comments must be added if Other clinical information is selected or if applicable.

INTERQUAL[®] REVIEW

The screenshot displays the 'Reviewer Comments' modal window. At the top, it asks the reviewer to choose one option for 'Prior successful injection for same specific condition.' The 'Other clinical information (add comment)' option is selected with a checkmark. Below this, a text input field contains the comment 'Suspected lower back pain.' At the bottom of the modal, a blue 'ADD COMMENT' button is highlighted with a red arrow pointing to it. The background shows a 'Medical Review' form with various options and a 'PREVIOUS' button.

Enter the Reviewer Comments then click **ADD COMMENT**.

INTERQUAL[®] REVIEW

Medical Review C Epidural Injections (Custom) - ENT (Custom) - HCA CHANGE SUBSET CLINICAL REFERENCE

COMMENTS 1

Choose one:

Choose one:

No remaining questions. Click View Recommendations to continue.

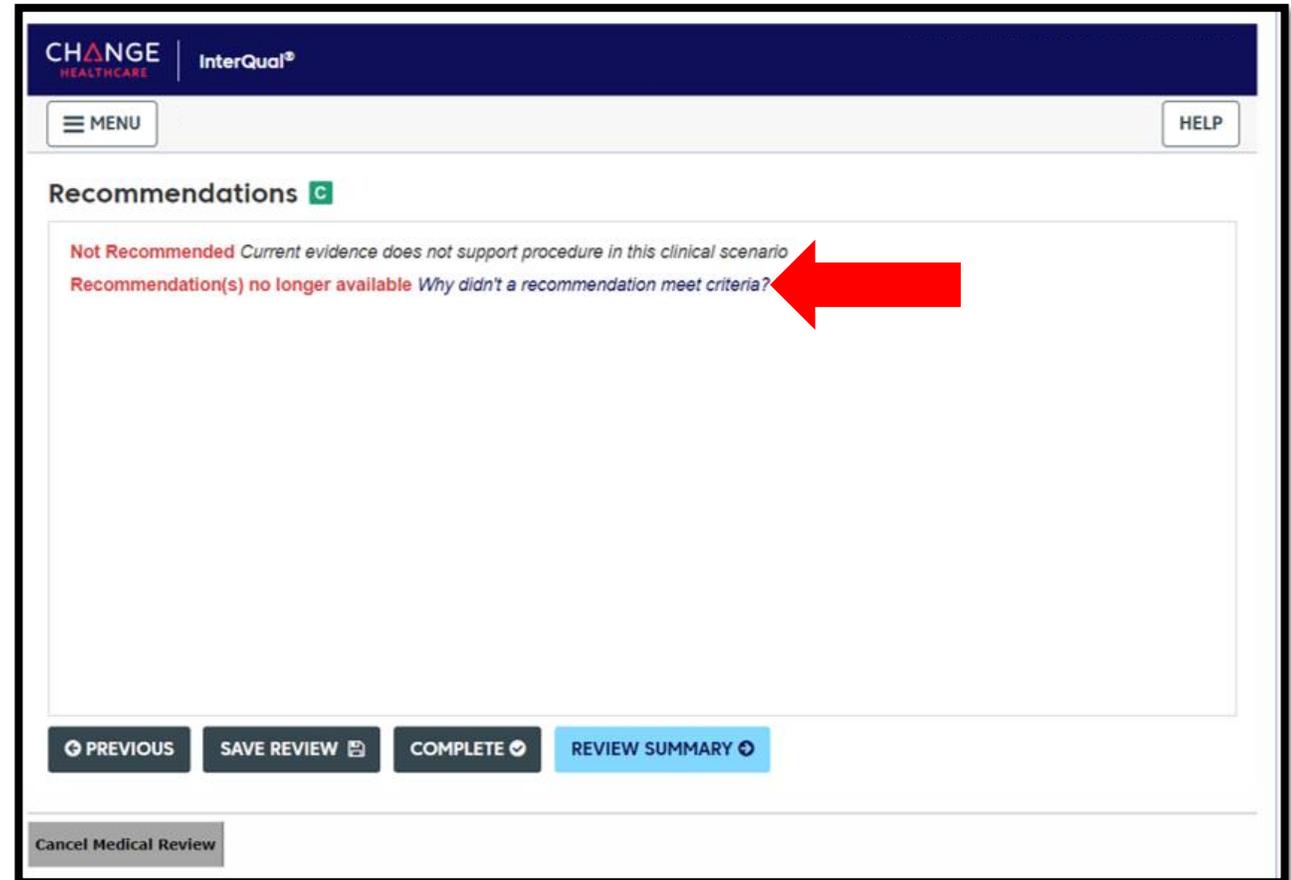
PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS

CRITERIA VIEW

Click View Recommendations if no questions remain.

INTERQUAL[®] REVIEW

Select Why didn't a recommendation meet criteria if recommendations are not available.



The screenshot displays the InterQual review interface. At the top, the 'CHANGE HEALTHCARE' logo and 'InterQual' branding are visible. Below the header, there is a 'MENU' button on the left and a 'HELP' button on the right. The main content area is titled 'Recommendations' with a green 'C' icon. Two options are listed: 'Not Recommended' with the subtext 'Current evidence does not support procedure in this clinical scenario' and 'Recommendation(s) no longer available' with the subtext 'Why didn't a recommendation meet criteria?'. A red arrow points to the second option. At the bottom of the interface, there are four buttons: 'PREVIOUS', 'SAVE REVIEW' (with a document icon), 'COMPLETE' (with a checkmark icon), and 'REVIEW SUMMARY' (with a double arrow icon). A 'Cancel Medical Review' button is located at the very bottom left.

INTERQUAL[®] REVIEW

- Follow the rules in each highlighted box and answer the medical scenario questions.
- Click **Additional Criteria Completed**.

The screenshot displays the InterQual Review interface. A modal window titled "Additional Criteria" is open, showing a list of rules for "Epidural Injections". The first rule is highlighted in blue: "1. No more than 3 epidural sessions (6 injections, counting bilateral as 2) within a 6 month period and no more than 6 epidural sessions (12 injections, including diagnostic and therapeutic) in all anatomical areas in a 12 month period, regardless of the number of levels involved." Below the rule, the "No" option is selected with a checkmark. A light blue message box states: "Your selected recommendation is no longer available based on your answer to this question. Proceed to the next question or examine the following rules to record additional criteria:". At the bottom of the modal, a button labeled "ADDITIONAL CRITERIA COMPLETED" is highlighted with a red arrow. The background interface shows a "Recommendation" section with "Not Recommended" and "Recommendation" options, and a navigation bar with buttons for "PREVIOUS", "SAVE REVIEW", "COMPLETE", and "REVIEW SUMMARY".

INTERQUAL[®] REVIEW

Recommendations C

See the options below. Please select a service below by clicking on the "recommended service" box, then select a CPT or HCPCS code. If you would like to proceed with your requested service that was not recommended, please click the first button (Proceed With Not Recommended Service Review). Then select Complete.

[Proceed With Not Recommended Service Review](#)

Or

Recommended *Evidence supports services as medically necessary.*

[Epidural Injections](#) [Show codes](#) 

No Unavailable Recommendations

[PREVIOUS](#) [SAVE REVIEW](#)  [COMPLETE](#)  [REVIEW SUMMARY](#) 

Select the **Recommended** procedure if the procedure is listed within the Recommendations screen.

INTERQUAL® REVIEW

Recommended Evidence supports services as medically necessary.

✓ Epidural Injections - Outpatient Hide codes 

SELECTED 1 ICD-10-CM **CPT®** 

Results Count: 12 CPT® only © 2011-2019 American Medical Association. All Rights Reserved.

Code ▲	Description
62323	✓ INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...

[← PREVIOUS](#) [SAVE REVIEW !\[\]\(b4021053f065a62c7d0d61dcc1fb2184_img.jpg\)](#) [COMPLETE ✓](#) [REVIEW SUMMARY →](#)

Select the appropriate Code under the CPT® tab and click Complete.

INTERQUAL® REVIEW

The screenshot displays the InterQual Healthcare interface. A warning dialog box is centered on the screen, with a red header bar containing a warning icon and the text "Warning". The main text of the dialog reads: "Completing the Medical Review will lock it from any further edits. Continue?". Below this text are two buttons: a blue "YES" button and a grey "NO" button. A large red arrow points from the right towards the "YES" button. The background interface is dimmed and shows a "Recommendations" section with a green checkmark and the text "Epidural Injections". Below this, there are tabs for "SELECTED 1", "ICD-10-CM", and "CPT®". A table with columns "Code" and "Description" is visible at the bottom, with the first row showing code "62323" and a description starting with "INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...".

Completing the medical review will be locked and no further edits can be made. Click **Yes** to continue.

INTERQUAL® REVIEW

Recommended Evidence supports services as medically necessary.

✓ Epidural Injections - Outpatient Hide codes

SELECTED 1 ICD-10-CM

Results Count: 12 CPT® only © 2011

Code	Description
62323	✓ INJECTION(S)
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...

Message from webpage

*** This is only a recommendation result, final determination to follow ***
Please click the Save PA Line Item button to save the line item.

OK

PREVIOUS REVIEW SUMMARY

Review Completed On: 09/29/2020, 03:29 PM CDT

The following is only a recommendation result, final determination is to follow. Click **OK**.

INTERQUAL[®] REVIEW

The screenshot displays the InterQual review interface for 'Epidural Injections - Outpatient'. The interface includes a search bar, a 'SELECTED 1' indicator, and tabs for 'ICD-10-CM' and 'CPT®'. A table lists 12 results, with the first row (code 62323) highlighted in green and marked with a checkmark. Below the table are navigation buttons for 'PREVIOUS' and 'REVIEW SUMMARY', and a timestamp 'Review Completed On: 09/29/2020, 03:29 PM CDT'. At the bottom, there are two buttons: 'Save PA Line Item' and 'Review'. A large red arrow points from the 'Review' button to the 'Save PA Line Item' button.

Code	Description
62323	✓ INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OP...
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTE...

Click the Save PA Line Item button to save the review.

PA SUBMISSION

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

	From Date	To Date	Code	Modifiers	Units	Action
+	09/21/2020	09/21/2020	62323-NJX INTERLAMINAR LMBR/SAC		1	Copy Remove

Click to collapse.

*From Date To Date *Code Type *Code
Thru

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers

*Units Dollars Payment Method 1-Pay System Calculated Price

Remarks (optional)

[Add Service](#) [Cancel Service](#)

The page is redirected to the provider portal and the information entered is saved on the PA request.

PA SUBMISSION

	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/>	09/21/2020	09/21/2020	62323-NJX INTERLAMINAR LMBR/SAC		1	Copy Remove

Click to collapse.

*From Date To Date *Code Type *Code
Thru

Appropriate modifier(s) must be submitted on PA for claims processing.

Modifiers

*Units Dollars Payment Method 1-Pay System Calculated Price

Remarks (optional)



If no additional codes need to be added, click Submit.

PA SUBMISSION

Service Details						
	From Date	To Date	Code	Modifiers	Units	
<input type="checkbox"/>	08/01/2018	10/31/2018	62323-NJX INTERLAMINAR LMBR/SAC		1	1
Dollars _ Payment Method _						
Remarks (optional) Jackie Peyton RN at (405) 867-5309						
Attachments						
	Transmission Method	File	Control #	Action		
<input type="checkbox"/>	EL-Electronic Only	order.pdf (957K)	20180904376312			
Back Confirm Cancel						

Click Confirm to submit the request.

PA SUBMISSION

[Prior Authorizations](#) > Authorization Receipt

Authorization Receipt

Your Prior Authorization Number 501812345 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

[Print Preview](#) [Copy](#) [New](#)

Authorization Receipt – The portal will generate a PA number to confirm the request submitted successfully. **This does not mean the PA is approved.**

REMINDERS

REMINDERS

- There are no retro authorizations for therapy services.
- There is a 3-day retro limitation for imaging.
- There is a 30-day retro limit for all other services.
- Cancelled or denied PAs are subject to retro limitations and *must be submitted as a new request*.

REMINDERS

- Emergent/Urgent PAs are medical conditions defined as loss of life or limb – not due to a scheduling issue.
- For Emergent/Urgent PA requests:
 1. Submit the PA with supporting documentation.
 2. E-mail the MAUAdmin@okhca.org with the subject **Emergency PA**.
 3. Include the PA number and reason for the emergency.
 4. Provide a contact name and telephone number.

RESOURCES

MEDICAL PA RESOURCES

For medical prior authorization inquiries regarding clinical documentation or urgent requests, please email MAUAdmin@okhca.org

*Additional resources are available at www.Oklahoma.gov/ohca/providers/medical-authorization-unit

HELPFUL TELEPHONE NUMBERS

- OHCA call center
 - 800-522-0114 or 405-522-6205; option 1
- Internet help desk.
 - 800-522-0114 or 405-522-6205; option 2, 1
- EDI help desk.
 - 800-522-0114 or 405-522-6205; option 2, 2

RESOURCES

OHCA policy and rules:

- <https://oklahoma.gov/ohca/policies-and-rules/xpolicy.html>.
- Provider policies and rules and Oklahoma Health Care Authority Medicaid rules.
 - Chapter 25 – SoonerCare Choice.
 - Chapter 30 – Fee-for-Service.

HELPFUL LINKS

- Agency website
 - www.oklahoma.gov/ohca
- OHCA provider portal
 - www.ohcaprovider.com
- Provider training
 - www.oklahoma.gov/ohca/providers/provider-training
- Medicaid managed care
 - www.oklahoma.gov/ohca/about/medicaid-expansion/soonerselect
- Medicaid expansion
 - www.oklahoma.gov/ohca/about/medicaid-expansion/expansion

QUICK REFERENCE GUIDE

A revised version of the OHCA provider quick reference guide is now available.

Visit the provider training page at www.oklahoma.gov/ohca/providers/provider-training to download a copy.

Visit our site recently?

Visit the OHCA website at oklahoma.gov/ohca for more information about the agency, our policies and programs.

Don't miss out on webinar opportunities!

OHCA hosts a variety of free learning sessions available for SoonerCare providers and staff. Virtual learning sessions occur several times a month on a variety of topics. One is the Introduction to Oklahoma SoonerCare webinar. This training provides information on the basics of SoonerCare for those who are new to the program or need a refresher. For more information, visit oklahoma.gov/ohca/providers/provider-training. The provider training page features webinar descriptions, registrations, training presentations and previously recorded webinar sessions.

Provider Education Specialists are available to assist you...

Provider education specialists are available for telephonic or virtual training with providers and health-related community workgroups and coalitions. Education specialists can answer questions about OHCA policy, programs and procedures, claim issues, and navigating the secure SoonerCare Provider Portal.

Training can be requested via email. Please include a brief description of the issue or topic in question, the provider's name and SoonerCare ID number, a return phone number, and a contact name with your training request.

SEND TRAINING REQUESTS TO
Email: SoonerCareEducation@okhca.org

For immediate claims or policy assistance, please call the OHCA provider helpline at **800-522-0114**.

How do I schedule SoonerRide?

Use TripCare to schedule non-emergency transportation reservations online. You can view all scheduled trips for your facility for any specified day. TripCare's dashboard allows you to manage trip requests and reservations, and know which transportation provider is assigned to each reservation. Schedule rides at least three business days before appointment at tripcare.logisticare.com or call 800-435-1276.

Revised: December 29, 2020

OHCA PROVIDER HELPLINE

Toll-Free: 800-522-0114
Oklahoma City Area: 405-522-6205

OPTION	UNIT	HOURS
1	OHCA Call Center	8AM-5PM, M-F
2,1	Internet Help Desk (SoonerCare Provider Portal)	8AM-12PM & 1-5PM, M-F
2,2	EDI Help Desk (batch transactions)	8AM-12PM & 1-5PM, M-F
3,1	Adjustments (claims)	7:30AM-4PM Mon., W-F 12PM-4pm, Tues.
3,2	Third Party Liability	8AM-5PM, M-F
4	Pharmacy Help Desk (issues)	8AM-7PM, M-F 9AM-5PM, Sat. 11AM-5PM, Sun.
5	Provider Contracts	8AM-5PM, M-Tues., Thurs-F 1PM-5PM, Wed.
6,1	Pharmacy Help Desk (authorizations)	8AM-7PM, M-F 9AM-5PM, Sat. 11AM-5PM, Sun.
6,2,1	Behavioral Health Authorizations (OP)	8AM-5PM, M-F
6,2,2	Behavioral Health Authorizations (IP)	8AM-5PM, M-F
6,3	Medical Authorizations (status only)	8AM-5PM, M-F
6,4	Prior Authorizations (PAs)	8AM-5PM, M-F
6,5	Dental Authorizations	8AM-5PM, M-F

How do I update my provider file?

The SoonerCare Provider Portal allows contracted providers the opportunity to maintain their essential contract information. Administrators and providers can make changes and updates to their provider file through the secure SoonerCare Provider Portal at ohcaprovider.com. Input your User ID in the Login box, then click the Log In option. On the Welcome screen, select the Update Provider Files link on the right side of the page. The SoonerCare Provider Enrollment page will load with the update options available for your contract type.

Providers can update the following:

- Banking Information
- Office Information
- EFT and ERA
- Address and Contact Information
- Add/Delete Group Members
- View Contract Types and Dates
- Complete Contract Renewal
(Option will load only when it is time to renew your contract)

How do I use Electronic Data Interchange (EDI)?

EDI handles processing and troubleshooting of all electronic batch files that are uploaded in the OK Medicaid Provider Portal under files exchange. To submit electronic batch files, you must complete an EDI/ERA application for providers and test with special X-12 Software, or have a contract with an OK Medicaid clearinghouse that will submit files on your behalf.

EDI accepts electronic batch submissions of 837 (professional, institutional, dental), 270/271, 276/277 and 278 files. Processing of batch files can take an average of four hours to process once uploaded in the SoonerCare Provider Portal. The EDI department also processes EDI applications to set up a provider for 835 electronic remittance advices. Contact the EDI help desk at 800-522-0114 for questions or concerns regarding EDI transmission and processing.

How do I verify eligibility using the Eligibility Verification System (EVS)?

In the OKC area, call 405-840-0650 or toll-free, 800-767-3949. You must have the SoonerCare provider ID number and EVS PIN. Enter your 9-digit provider number and location code followed by #. Enter your 4-digit EVS PIN followed by #. Available 20 hours a day, 5AM-1AM. Eligibility can also be checked on the SoonerCare Provider Portal.

Forgot your PIN? See Internet Help Desk option under the OHCA Provider Helpline.

TRANSACTION CODES

- 1 - Member Eligibility
- 2 - Provider Warrant
- 3 - Prior Authorization
- 4 - Claims Inquiry
- 5 - Change EVS/AVR PIN

A=*21 E=*32 I=*43 M=*61 U=*82 T=*81 Y=*93
B=*22 F=*33 J=*51 N=*62 Q=*11 V=*83 Z=*12
C=*23 G=*41 K=*52 O=*63 R=*72 W=*91
D=*31 H=*42 L=*53 P=*71 S=*73 X=*92

Revised: December 29, 2020

OHCA Quick Reference Guide

PRIOR AUTHORIZATIONS

ISSUED BY DEPARTMENT

USER/CONTACT	PHONE/FAX
PASRR Level of Care Unit	405-522-7133 & 405-522-7674
Medical Authorizations	405-522-6205, option 6, 3 Toll-Free: 800-522-0114, option 6, 3 MALJadmin@ohhca.org
Durable Medical Equipment	DMEadmin@ohhca.org
Occupation/Physical/Speech Therapy	Therapyadmin@ohhca.org
Dental Authorizations	405-522-7401
Pharmacy Help Desk College of Pharmacy	405-522-6205 Toll-Free: 800-522-0114 Fax: 405-271-4014 Toll-Free Fax: 800-224-4014
Personal Care Local County DHS Office	Contact local DHS office
Advantage Administration Unit	918-933-4900
Developmental Disabilities Services Division (DDSD) Area Office	405-325-5080 Toll-Free: 800-349-9173 Fax: 405-573-6853
Medically Fragile Waiver OHCA Waiver Staff	Toll-Free: 888-287-2443
Behavioral Health	Toll-Free: 800-522-0114

TRAINING RESOURCES

- Provider education specialists:
 - Education specialists provide education and training as needed for providers either virtually or telephonically.
 - Requests for assistance should be emailed to: SoonerCareEducation@okhca.org. (Requests should include the provider name and ID, contact information, and a brief description of what assistance is being sought.)
 - For immediate claims or policy assistance, please contact the OHCA provider helpline at 800-522-0114.
- Monthly webinars
- How-to videos

QUESTIONS?



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767

